

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Melony Armstrong
Address (912) 912 Rockett Ave
Telephone 662-871-7164 Fax 662-844-3521
Treasurer Ruth Armstrong Email KTARM7@gmail.com

RECEIVE

JAN 04 2011

Campaign Finance
Secretary of State
Delbert Hosemann

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 4, 2011 Pre-Election Report (January 1, 2011, through January 1, 2011).....Mandatory
☐ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
☐ January 31, 2011 Annual Report (January 1, 2011 through December 31, 2011).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$	\$ 576 ⁰⁰
Total amount of disbursements	\$ +\$	\$	\$ 576 ⁰⁰
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

1-4-2010

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-876-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Melony Armstrong
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Weylan McPherson</u>		<u>12/15/16</u>	\$ <u>200</u>
Mailing Address <u>188 Rd. 53</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Typeo</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lon Green</u>		<u>12-16-16</u>	\$ <u>156</u>
Mailing Address <u>706 Exchange St.</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Union City, TN</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Boy & Girls Clubs of America</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cliff Smith</u>		<u>1-22-17</u>	\$ <u>160</u>
Mailing Address <u>105 Sunrise St</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Union - MS 38849</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> <u> </u> <u> </u>	\$
Mailing Address		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

